Complete Summary

GUIDELINE TITLE

Dietary guidelines for Americans, 2005.

BIBLIOGRAPHIC SOURCE(S)

U.S. Department of Health and Human Services, U.S. Department of Agriculture. Dietary guidelines for Americans, 2005. Washington (DC): U.S. Department of Health and Human Services, U.S. Department of Agriculture; 2005. 71 p.

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Chronic diseases and conditions linked to a poor diet or physical inactivity including cardiovascular disease, hypertension, dyslipidemia, type 2 diabetes, overweight and obesity, osteoporosis, constipation, diverticular disease, iron deficiency anemia, oral diseases, malnutrition, and some cancers

GUIDELINE CATEGORY

Prevention

CLINICAL SPECIALTY

Nutrition

INTENDED USERS

Dietitians
Health Care Providers
Public Health Departments

GUIDELINE OBJECTIVE(S)

- To provide information and advice for choosing a nutritious diet, maintaining a healthy weight, achieving adequate exercise, and "keeping foods safe" to avoid foodborne illness
- To promote health and to reduce risk for major chronic diseases through diet and physical activity
- To summarize and synthesize knowledge regarding individual nutrients and food components into recommendations for a pattern of eating that can be adopted by the public

TARGET POPULATION

The general population over 2 years of age who are living in the United States

INTERVENTIONS AND PRACTICES CONSIDERED

Provision of Adequate Nutrients within Calorie Needs

1. Adopting a balanced eating pattern, such:
    - Dietary Approaches to Stop Hypertension (DASH) eating plan
    - U.S. Department of Agriculture (USDA) Food Guide
2. Limiting intake of saturated and trans fats, cholesterol, added sugars, salt, and alcohol
3. Consuming a variety of nutrient-dense foods and beverages within and among the basic food groups
4. Promoting increased dietary intakes of potassium, fiber, and possibly vitamin E
5. Considerations for special populations, such as people over 50, women of childbearing age who may become pregnant and those in the first trimester of pregnancy, and other special groups (i.e., older adults, people with dark skin, and people exposed to insufficient ultraviolet band radiation)

Weight Management

1. Balancing calories from foods and beverages with calories expended
2. Decreasing calorie intake and increasing physical activity
3. Considerations for special populations, such as those who need to lose weight, overweight children, pregnant women, breastfeeding women, and overweight adults and overweight children with chronic diseases and/or on medication

Physical Activity

1. Engaging in 30 to 90 minutes of moderate-vigorous exercise on most days of the week while not exceeding caloric intake
2. Achieving physical fitness by including:
    - Cardiovascular conditioning
    - Stretching exercises for flexibility
    - Resistance exercises or calisthenics for muscle strength and endurance
3. Considerations for special populations, such as children and adolescents, pregnant women, breastfeeding women, and older adults

Food Groups to Encourage

1. Consuming two cups of fruit per day*
2. Consuming two and a half cups of vegetables per day,* with selections from all 5 vegetable subgroups several times per week
3. Consuming three or more ounce-equivalents of whole-grain products per day
4. Consuming three cups per day of fat-free or low-fat milk or equivalent milk products
5. Considerations for special populations, such as children and adolescents

*Based on a reference 2,000-calorie intake, with higher or lower amounts depending on the calorie level.

Fats

1. Consuming <10% of calories from saturated fatty acids
2. Consuming <300 mg/day of cholesterol
3. Decreasing intake of trans fats
4. Considerations for special populations, such as children and adolescents

Carbohydrates

1. Choosing fiber-rich fruits, vegetables, and whole grains
2. Choosing foods and beverages with little added sugars or caloric sweeteners
3. Practicing good oral hygiene

Sodium and Potassium

1. Consuming <2,300 mg (approximately 1 teaspoon of salt) of sodium per day
2. Choosing and preparing foods with little salt
3. Consuming potassium-rich foods
4. Considerations for special populations, such as individuals with hypertension, blacks, and middle-aged and older adults

Food Safety

1. Washing hands before and after handling food
2. Washing fresh fruits and vegetables
3. Separating raw, cooked, and ready-to-eat foods while shopping, preparing, or storing
4. Cooking foods to safe temperature to kill microorganisms
5. Refrigerating perishable foods promptly
6. Defrosting foods properly

7. Avoiding unpasteurized milk or any products made from unpasteurized milk, raw or partially cooked eggs or foods containing raw eggs, raw or undercooked meat and poultry, raw or undercooked fish or shellfish, unpasteurized juices, and raw sprouts
8. Considerations for special populations such as pregnant women, older adults, and those who are immunocompromised

MAJOR OUTCOMES CONSIDERED

Clinically relevant outcomes such as clinical diseases (e.g., incident cancer and myocardial infarction) and well-accepted risk factors (e.g., systolic blood pressure, low-density lipoprotein cholesterol, and weight)

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Research Questions

Each subcommittee generated an initial list of research questions that might be relevant to setting dietary guidelines. The subcommittee then set priorities based on the perceived level of importance and availability of literature. This process was iterative. Throughout the deliberations, the wording and intent of the research questions evolved, as did the need for additional questions. Available time, expertise, and resources precluded an examination of all issues related to the effects of diet on chronic disease.

Systematic Review of the Scientific Evidence

The Dietary Guidelines Advisory Committee (DGAC) relied on the published literature and, in a few instances, preprints of articles that had been accepted for publication and provided to the Committee by individual members and invited experts. Major sources of evidence were the Dietary Reference Intake reports prepared by expert committees convened by the Institute of Medicine (IOM). Other sources were systematic evidence-based reports such as the Agency for Healthcare Research and Quality report on omega-3 fatty acids and the World Health Organization International Agency for Research on Cancer (IARC) report on the relation between fruit and vegetable intake and cancer. In addition to these comprehensive documents, the subcommittees relied on literature searches to identify pertinent articles on research questions not addressed in any evidence-based report and to update previously published evidence reports.

Types of Evidence

The Committee focused on studies conducted in humans. The primary types of studies used were observational studies and clinical trials. Specific types of observational studies were cross-sectional studies, case-control studies, and cohort studies. The Committee placed greatest emphasis on results from cohort studies and trials with well-accepted, clinically relevant outcomes. Such outcomes included clinical diseases (e.g., incident cancer and myocardial infarction) and well-accepted risk factors (e.g., systolic blood pressure, low-density lipoprotein cholesterol, and weight). Meta-analyses also were considered. The majority of studies evaluated were based on adults; there were limited studies on children.

Literature Searches

Staff developed the search strategy in consultation with each subcommittee chair to meet the needs of that subcommittee. The search strategy included search parameters, search terms, search databases, and exclusion criteria (including years covered).

Typical exclusion criteria included the following: in vitro studies, animal studies, articles before "X" date, and drug studies. The specific exclusion criteria varied by question (e.g., questions involving cancer as an endpoint may not exclude animal studies). In some cases, additional references were identified by checking the reference lists of review articles. The years covered were influenced by the availability of evidence-based reviews that addressed the same topic. For example, the literature search regarding fiber covered only 1999 and later years because a prior IOM report covered the earlier years. Some searches were expanded if results from the initial research were meager.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Summaries of Results

The Science Review Subcommittee developed a prototype table to be used for summarizing information obtained from relevant articles for priority questions.

Content included in the tables was to be concise, factual, and descriptive and to provide a basis for formulating tentative conclusions. Staff worked with the respective subcommittee chair to examine the search results and eliminate articles that were not relevant to the subcommittee's topic. They then extracted the key information and, by using the prototype, produced a table to cover key information about each question for which relevant articles were identified.

Critical Review of Studies

Subcommittee members read the tables and requested key articles. They then critically assessed study quality and relevance to the overall question being addressed. The subcommittee members, not the staff, made the decisions on study quality and on the relative value of clinical trials and observational studies. They considered these factors, along with the data summarized in the tables, in reaching tentative conclusions for consideration by the full Committee.

Use of The United States Department of Agriculture (USDA) Food Intake Pattern And Special Analyses

The Committee had access to the food pattern proposed by the USDA (Federal Register notice, vol. 68, no. 176, September 11, 2003, p. 535-36) and to technical support data related to the pattern. This information included the following:

- A proposed daily food intake pattern that lists the daily amounts of food from each food group and subgroup for 12 age/energy groups
- Energy levels for the proposed food intake pattern
- Nutritional goals for the daily food intake pattern covering vitamins, minerals, and macronutrients
- Nutrient profiles of the basic food groups and their subgroups and for additional fats, oils, soft margarines, and added sugars. The food groups and subgroups are composites that reflect the types and amounts of foods commonly consumed by Americans.
- Nutrients provided by the proposed food pattern

At the request of three subcommittees, USDA staff used its food modeling system to conduct several types of analyses. Most of these analyses involved the modeling of the food pattern intended to meet selected specifications for nutrient intake. For example, the subcommittees requested analyses to obtain information relevant to flexibility in the choice of food to meet nutrient needs, the effects of different fat intakes on the nutrients provided by the food pattern, and the approximate number of calories needed to meet recommended nutrient intakes.

The USDA food modeling process used in these analyses was developed originally for deriving the Food Guide Pyramid. It was updated for these analyses to include nutrient goals from the Institute of Medicine Dietary Reference Intakes report that was released in 2004 (after the Federal Register notice regarding the proposed food pattern) and the most recent National Health and Nutrition Examination Survey (NHANES) 1999-2000 food consumption data.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Committee Appointment

Beginning with the 1985 edition, the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA) have appointed a Dietary Guidelines Advisory Committee (DGAC) of prominent experts in nutrition and health to assist in the preparation of the Dietary Guidelines for Americans. This Committee has been an effective mechanism to obtain a competent review of the science, recommendations from experts, and broad public acceptance of the Dietary Guidelines. The 2005 DGAC was established for the single, time-limited task of reviewing the 2000 edition of Nutrition and Your Health: Dietary Guidelines for Americans and determining if, on the basis of current scientific and medical knowledge, revision was warranted. The Committee determined that a revision was warranted and developed nutrition and health recommendations in this report to the Secretaries of HHS and USDA. The Committee was dissolved upon delivery of this report.

Charge to the 2005 DGAC

The Dietary Guidelines for Americans provides science-based eating and physical activity advice for healthy Americans over age 2 years. The DGAC shall advise the Secretaries of HHS and USDA whether revisions to the 2000 edition of Nutrition and Your Health: Dietary Guidelines for Americans are warranted on the basis of the preponderance of the scientific and medical knowledge currently available.

The Committee, whose duties are solely advisory and time-limited, will perform the following functions:

- If the Committee decides that no changes are necessary, it will so inform the Secretaries of the Departments. This action will terminate the DGAC.
- If the Committee decides that changes are warranted on the basis of the preponderance of the scientific and medical knowledge, the Committee will determine what issues for change need to be addressed.
- The focus of the Committee should be on the review of the new scientific evidence.
- The Committee shall make and submit its technical recommendations and the rationale for these recommendations in a report to the Secretaries. The Committee's focus should be its recommendations and the supporting science rather than translating the recommendations into a communication document.
- Upon the submittal of the Committee's recommendations, the DGAC will be terminated.

The Committee Process

The Committee served without pay and worked under the regulations of the Federal Advisory Committee Act. It held public meetings, announced in the

Federal Register, in Washington, DC, in September 2003 and in January, March, May, and August 2004. Meeting summaries are available at www.health.gov/dietaryguidelines.

To promote a fresh examination of the science base for dietary guidance, the content areas to be addressed differed somewhat from the topics of the 10 guidelines in the 2000 Dietary Guidelines. In particular, the workload was divided and managed by subcommittees on nutrient adequacy, carbohydrates, fats, fluid and electrolytes, energy, ethanol, and food safety. Midway through the effort, a macronutrient subcommittee was appointed to address some crosscutting topics, and a subcommittee was formed to address fruits and vegetables, grains, milk, and milk products. To aid in coordination and communication, a lead Committee member was appointed for each subcommittee, but the conclusions reached reflected the consensus of the entire group. One or more designated staff members from HHS or USDA assisted each subcommittee.

The Science Review Subcommittee was formed to help maintain consistent standards for the reviews across subcommittees. The Subcommittee also addressed quality standards for the entire process, including consideration of the format of the report to the Secretaries, integration of the various subcommittees' work into a cohesive document, and meeting plans.

The subcommittees communicated by conference call, e-mail, and face-to-face meetings. Each subcommittee was responsible for presenting the basis for its conclusions and recommendations to the full Committee, responding to questions, and making changes if indicated. To gain perspectives for interpreting the science, some subcommittees invited experts to respond to specific questions during conference calls. The full Committee heard presentations from 12 invited experts, who addressed questions posed by the Committee in advance and responded to additional questions during the meeting. The conclusions in this report reflect the consensus of the entire Committee.

Preparation of Conclusive Statements

For each research question, subcommittees prepared a brief document that included a conclusion that specifically addressed the research question, a list of key sources, and a summary of key studies and findings. The subcommittee presented draft summary statements to the Dietary Guidelines Advisory Committee (DGAC) for consideration. Members of the Committee who were not members of the subcommittee were also assigned to review the statements and provide in-depth critical review. For especially controversial topics, the entire Committee examined the key published evidence on which a conclusion was based. At the May and August meetings, the whole Committee voted on the wording of each conclusion.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Written public comments were received throughout the Committee's deliberations. Those received before August 10, 2004, were shared with all Committee members. In response to a solicitation for oral comments, 31 organizations or individuals presented oral testimony during the January 28-29, 2004, meeting of the Committee. These comments are summarized in the January Public Meeting Summary (http://www.health.gov/dietaryguidelines). Comments are available for examination at the Office of Disease Prevention and Health Promotion, 1101 Wootton Parkway, Suite LL100, Rockville, MD, 20852.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Adequate Nutrients within Calorie Needs: Key Recommendations

- Consume a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit the intake of saturated and trans-fats, cholesterol, added sugars, salt, and alcohol.
- Meet recommended intakes within energy needs by adopting a balanced eating pattern, such as the U.S. Department of Agriculture (USDA) Food Guide or the Dietary Approaches to Stop Hypertension (DASH) Eating Plan.

Key Recommendations for Specific Population Groups

- People over age 50. Consume vitamin B12 in its crystalline form (i.e., fortified foods or supplements).
- Women of childbearing age who may become pregnant. Eat foods high in heme-iron and/or consume iron-rich plant foods or iron-fortified foods with an enhancer of iron absorption, such as vitamin C-rich foods.
- Women of childbearing age who may become pregnant and those in the first trimester of pregnancy. Consume adequate synthetic folic acid daily (from fortified foods or supplements) in addition to food forms of folate from a varied diet.
- Older adults, people with dark skin, and people exposed to insufficient ultraviolet band radiation (i.e., sunlight). Consume extra vitamin D from vitamin D-fortified foods and/or supplements.

Weight Management: Key Recommendations

- To maintain body weight in a healthy range, balance calories from foods and beverages with calories expended.

- To prevent gradual weight gain over time, make small decreases in food and beverage calories and increase physical activity.

Key Recommendations for Specific Population Groups

- Those who need to lose weight. Aim for a slow, steady weight loss by decreasing calorie intake while maintaining an adequate nutrient intake and increasing physical activity.
- Overweight children. Reduce the rate of body weight gain while allowing growth and development. Consult a healthcare provider before placing a child on a weight-reduction diet.
- Pregnant women. Ensure appropriate weight gain as specified by a healthcare provider.
- Breastfeeding women. Moderate weight reduction is safe and does not compromise weight gain of the nursing infant.
- Overweight adults and overweight children with chronic diseases and/or on medication. Consult a healthcare provider about weight loss strategies prior to starting a weight-reduction program to ensure appropriate management of other health conditions.

Physical Activity: Key Recommendations

- Engage in regular physical activity and reduce sedentary activities to promote health, psychological well-being, and a healthy body weight.
    - To reduce the risk of chronic disease in adulthood: Engage in at least 30 minutes of moderate-intensity physical activity, above usual activity, at work or home on most days of the week.
    - For most people, greater health benefits can be obtained by engaging in physical activity of more vigorous intensity or longer duration.
    - To help manage body weight and prevent gradual, unhealthy body weight gain in adulthood: Engage in approximately 60 minutes of moderate- to vigorous-intensity activity on most days of the week while not exceeding caloric intake requirements.
    - To sustain weight loss in adulthood: Participate in at least 60 to 90 minutes of daily moderate-intensity physical activity while not exceeding caloric intake requirements. Some people may need to consult with a healthcare provider before participating in this level of activity.
- Achieve physical fitness by including cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises or calisthenics for muscle strength and endurance.

Key Recommendations for Specific Population Groups

- Children and adolescents. Engage in at least 60 minutes of physical activity on most, preferably all, days of the week.
- Pregnant women. In the absence of medical or obstetric complications, incorporate 30 minutes or more of moderate-intensity physical activity on most, if not all, days of the week. Avoid activities with a high risk of falling or abdominal trauma.
- Breastfeeding women. Be aware that neither acute nor regular exercise adversely affects the mother's ability to successfully breastfeed.

- Older adults. Participate in regular physical activity to reduce functional declines associated with aging and to achieve the other benefits of physical activity identified for all adults.

Food Groups to Encourage: Key Recommendations

- Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and 2 1/2 cups of vegetables per day are recommended for a reference 2,000-calorie intake, with higher or lower amounts depending on the calorie level.
- Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week.
- Consume 3 or more ounce-equivalents of whole-grain products per day, with the rest of the recommended grains coming from enriched or whole-grain products. In general, at least half the grains should come from whole grains.
- Consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.

Key Recommendations for Specific Population Groups

- Children and adolescents. Consume whole-grain products often; at least half the grains should be whole grains. Children 2 to 8 years should consume 2 cups per day of fat-free or low-fat milk or equivalent milk products. Children 9 years of age and older should consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.

Fats: Key Recommendations

- Consume less than 10 percent of calories from saturated fatty acids and less than 300 mg/day of cholesterol, and keep trans-fatty acid consumption as low as possible.
- Keep total fat intake between 20 to 35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.
- When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free.
- Limit intake of fats and oils high in saturated and/or trans-fatty acids, and choose products low in such fats and oils.

Key Recommendations for Specific Population Groups

- Children and adolescents. Keep total fat intake between 30 to 35 percent of calories for children 2 to 3 years of age and between 25 to 35 percent of calories for children and adolescents 4 to 18 years of age, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.

Carbohydrates: Key Recommendations

- Choose fiber-rich fruits, vegetables, and whole grains often.

- Choose and prepare foods and beverages with little added sugars or caloric sweeteners, such as amounts suggested by the U.S. Department of Agriculture Food Guide and the Dietary Approaches to Stop Hypertension Eating Plan.
- Reduce the incidence of dental caries by practicing good oral hygiene and consuming sugar- and starch-containing foods and beverages less frequently.

Sodium and Potassium: Key Recommendations

- Consume less than 2,300 mg (approximately 1 tsp of salt) of sodium per day.
- Choose and prepare foods with little salt. At the same time, consume potassium-rich foods, such as fruits and vegetables.

Key Recommendations for Specific Population Groups

- Individuals with hypertension, blacks, and middle-aged and older adults. Aim to consume no more than 1,500 mg of sodium per day, and meet the potassium recommendation (4,700 mg/day) with food.

Alcoholic Beverages: Key Recommendations

- Those who choose to drink alcoholic beverages should do so sensibly and in moderation-defined as the consumption of up to one drink per day for women and up to two drinks per day for men.
- Alcoholic beverages should not be consumed by some individuals, including those who cannot restrict their alcohol intake, women of childbearing age who may become pregnant, pregnant and lactating women, children and adolescents, individuals taking medications that can interact with alcohol, and those with specific medical conditions.
- Alcoholic beverages should be avoided by individuals engaging in activities that require attention, skill, or coordination, such as driving or operating machinery.

Food Safety: Key Recommendations

- To avoid microbial foodborne illness:
    - Clean hands, food contact surfaces, and fruits and vegetables. Meat and poultry should not be washed or rinsed.
    - Separate raw, cooked, and ready-to-eat foods while shopping, preparing, or storing foods.
    - Cook foods to a safe temperature to kill microorganisms.
    - Chill (refrigerate) perishable food promptly and defrost foods properly.
    - Avoid raw (unpasteurized) milk or any products made from unpasteurized milk, raw or partially cooked eggs or foods containing raw eggs, raw or undercooked meat and poultry, unpasteurized juices, and raw sprouts.

Key Recommendations for Specific Population Groups

- Infants and young children, pregnant women, older adults, and those who are immunocompromised. Do not eat or drink raw (unpasteurized) milk or any

products made from unpasteurized milk, raw or partially cooked eggs or foods containing raw eggs, raw or undercooked meat and poultry, raw or undercooked fish or shellfish, unpasteurized juices, and raw sprouts.
- Pregnant women, older adults, and those who are immunocompromised: Only eat certain deli meats and frankfurters that have been reheated to steaming hot.

CLINICAL ALGORITHM(S)

None Provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

The primary types of studies used were observational studies and clinical trials. Specific types of observational studies were cross-sectional studies, case-control studies, and cohort studies. The Committee placed greatest emphasis on results from cohort studies and trials with well-accepted, clinically relevant outcomes. Meta-analyses also were considered. The majority of studies evaluated were based on adults; there were limited studies on children.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- There is a growing body of evidence which demonstrates that following a diet that complies with the Dietary Guidelines may reduce the risk of chronic disease.
- Recently, it was reported that dietary patterns consisted with recommended dietary guidance were associated with a lower risk of mortality among individuals age 45 years and older in the United States.
- Maintenance of good physical fitness enables one to meet the physical demands of work and leisure comfortably. People with higher levels of physical fitnesses are also at lower risk of developing chronic disease.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

Because the recommendations are interrelated and mutually dependent, the statements in this publication should be used together in the context of an overall healthful diet. Likewise, because the Dietary Guidelines contains discussions about

emerging science, only statements included in the Executive Summary and the highlighted boxes entitled "Key Recommendations," which reflect the preponderance of scientific evidence, can be used for identification of authoritative statements.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Development of Educational Materials and Communications

The information in the Dietary Guidelines is useful for the development of educational materials. For example, the federal dietary guidance-related publications are required by law to be based on the Dietary Guidelines. In addition, this publication will guide the development of messages to communicate the Dietary Guidelines to the public. Finally, the United States Department of Agriculture Food Guide, the food label, and Nutrition Facts Panel provide information that is useful for implementing the key recommendations in the Dietary Guidelines and should be integrated into educational and communication messages.

Development of Nutrition-Related Programs

The Dietary Guidelines aids policymakers in designing and implementing nutrition-related programs. The Federal Government bases its nutrition programs, such as the National Child Nutrition Programs or the Elderly Nutrition Program, on the Dietary Guidelines.

Development of Authoritative Statements

The Dietary Guidelines has the potential to provide authoritative statements as provided for in the Food and Drug Administration Modernization Act (FDAMA). Because the recommendations are interrelated and mutually dependent, the statements in this publication should be used together in the context of an overall healthful diet. Likewise, because the Dietary Guidelines contains discussions about emerging science, only statements included in the Executive Summary and the highlighted boxes entitled "Key Recommendations," which reflect the preponderance of scientific evidence, can be used for identification of authoritative statements.

IMPLEMENTATION TOOLS

Foreign Language Translations
Patient Resources
Resources

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

RELATED QUALITY TOOLS

- Finding Your Way to a Healthier You: Based on the Dietary Guidelines for Americans

- Facts About the DASH (Dietary Approaches to Stop Hypertension) Eating Plan

- The Food Guide Pyramid

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

U.S. Department of Health and Human Services, U.S. Department of Agriculture. Dietary guidelines for Americans, 2005. Washington (DC): U.S. Department of Health and Human Services, U.S. Department of Agriculture; 2005. 71 p.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005

GUIDELINE DEVELOPER(S)

Department of Agriculture (U.S.) - Federal Government Agency [U.S.]
Department of Health and Human Services (U.S.) - Federal Government Agency [U.S.]

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Dietary Guidelines Advisory Committee

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

The Committee served without pay and worked under the regulations of the Federal Advisory Committee Act.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the Healthier US Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Dietary guidelines for Americans, 2005. Executive summary. Washington (DC): U.S. Department of Health and Human Services, U.S. Department of Agriculture; 2005. 5 p. Available in English and Spanish in Portable Document Format from the Healthier US Web site.
- Adult energy needs and body mass index (BMI) calculator. U.S. Department of Agriculture/Agricultural Research Service. Available online from the Healthier US Web site.
- Facts about the DASH eating plan. Washington (DC): U.S. Department of Health and Human Services; 2003. 24 p. Available in Portable Document Format (PDF) from the Healthier US Web site.
- The food guide pyramid. Washington (DC): U.S. Department of Agriculture; 1996. 29 p. Available in English or Spanish in Portable Document Format (PDF) from the Healthier US Web site.
- General physical activity defined by level of intensity. Centers for Disease Control and Prevention. 5 p. Available in Portable Document Format (PDF) from the Healthier US Web site.
- 2005 Dietary Guidelines Advisory Committee report. Electronic copies available from the U.S. Department of Health and Human Services Web site.

PATIENT RESOURCES

The following is available:

- Finding your way to a healthier you: based on the Dietary Guidelines for Americans. Washington (DC): U.S. Department of Health and Human Services, U.S. Department of Agriculture, 2005. 12 p.

Electronic copies available in Portable Document Format (PDF) from the Healthier US Web site.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

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